3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Ithaca

SPDES ID: NYR20A283

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Ithaca

SPDES ID: NYR20A283

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Svante | MI: | Last Name: Myrick

Title: Mayor

Address: 108 East Green Street

City: Ithaca | State: NY | Zip: 14850-

eMail: mayormyrick@cityofithaca.org

Phone: (607) 274-6501 | County: Tompkins

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Ithaca

SPDES ID: NYR20A283

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Scott | MI: | Last Name: Gibson

Title: Acting SMO

Address: 510 First Street

City: Ithaca | State: NY | Zip: 14850-

eMail: SGibson@cityofithaca.org

Phone: (607) 272-1717 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Ithaca

SPDES ID: NYR20A283

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of Tompkins

Partner/Coalition Name (con't.): County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: angelhinickle@tcswcd.org

Phone: (604) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3:
- ○ MM4:
- ○ MM5:
- ○ MM6:

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: (C) Ithaca

SPDES ID: NYR20A283

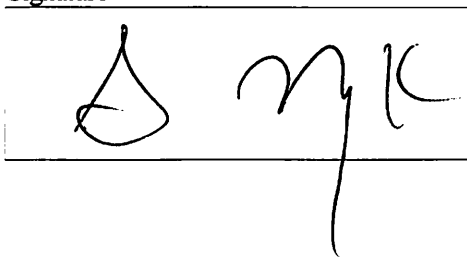
Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Svante | MI: | Last Name: Myrick

Title (Clearly print title of individual signing report): Mayor

Signature: 

Date: 05/15/2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Lansing

SPDES ID: NYR20A182

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Lansing

SPDES ID: NYR20A182

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Don | MI: | Last Name: Hartill

Title: Mayor

Address: 2405 North Tripphammer Rd

City: Ithaca | State: NY | Zip: 14850-

eMail: DLH13@Cornell.edu

Phone: (607) 272-7671 | County: Tompkins

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Lansing

SPDES ID: NYR20A182

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Adam | MI: | Last Name: Robbs

Title: Stormwater Management Officer

Address: 2405 North Tripphammer Road

City: Ithaca | State: NY | Zip: 14850-

eMail: codeofficer2@vlansing.org

Phone: (607) 257-0424 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Lansing

SPDES ID: NYR20A182

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257 - 2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3:
- ○ MM4:
- ○ MM5:
- ○ MM6:

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Lansing

SPDES ID: NYR20A182

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Don

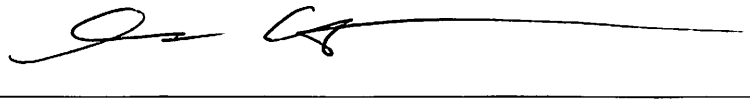
MI:

Last Name: Hartill

Title (Clearly print title of individual signing report)

Mayor

Signature



Date: 05 / 17 / 2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Lansing

SPDES ID: NYR20A182

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850-

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3:
- ○ MM4:
- ○ MM5:
- ○ MM6:

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Cayuga Heights

SPDES ID: NYR20A254

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Cayuga Heights

SPDES ID: NYR20A254

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Linda | MI: | Last Name: Woodard

Title: Mayor

Address: 836 Hanshaw Rd

City: Ithaca | State: NY | Zip: 14850-

eMail: mayor@cayuga-heights.ny.us

Phone: (607) 257-1238 | County: Tompkins

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Cayuga Heights

SPDES ID: NYR20A254

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Brent | MI: A | Last Name: Cross

Title: Village Engineer/SMO

Address: 836 Hanshaw Rd

City: Ithaca | State: NY | Zip: 14850 -

eMail: bcross@cayuga-heights.ny.us

Phone: (607) 257-5536 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Cayuga Heights

SPDES ID: NYR20A254

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ○ Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca State: NY Zip: 14850 -

eMail: ahincikle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Cayuga Heights

SPDES ID: NYR20A254

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Linda | MI: | Last Name: Woodard

Title (Clearly print title of individual signing report): Mayor

Signature: X Linda Woodard

Date: 05/21/2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ulysses

SPDES ID: NYR20A151

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ulysses

SPDES ID: NYR20A151

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Elizabeth | MI: | Last Name: Thomas

Title: Town Supervisor

Address: 10 Elm St

City: Trumansburg | State: NY | Zip: 14886-9544

eMail: liz.graeper.thomas@gmail.com

Phone: (607) 387-9778 | County: Tompkins

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ulysses

SPDES ID: NYR20A151

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Darby | MI: K | Last Name: Kiley

Title: Environmental Planner

Address: 10 Elm St

City: Trumansburg | State: NY | Zip: 14886-9544

eMail: kiley@ulysses.ny.us

Phone: (607) 387-9778 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ulysses

SPDES ID: NYR20A151

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ○ Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ulysses

SPDES ID: NYR20A151

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Elizabeth

MI:

Last Name: Thomas

Title (Clearly print title of individual signing report): Supervisor

Signature:

Date: 05/10/2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ithaca

SPDES ID: NYR20A134

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ithaca

SPDES ID: NYR20A134

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Bill | MI: | Last Name: Goodman

Title: Town Supervisor

Address: 215 North Tioga ST

City: Ithaca | State: NY | Zip: 14850-

eMail: BGoodman@town.ithaca.ny.us

Phone: (607) 273-1721 | County: Tompkins

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ithaca

SPDES ID: NYR20A134

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Daniel | MI: | Last Name: Thaete

Title: Town Engineer

Address: 106 Seven Mile Drive

City: Ithaca | State: NY | Zip: 14850-

eMail:

Phone: (607) 273-1721 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ithaca

SPDES ID: NYR20A134

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of Tompkins

Partner/Coalition Name (con't.): County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (604) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3:
- ○ MM4:
- ○ MM5:
- ○ MM6:

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ithaca

SPDES ID: NYR20A134

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: William | MI: | Last Name: Goodman

Title (Clearly print title of individual signing report): Town Supervisor

Signature: William Goodman

Date: 05/02/2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Newfield

SPDES ID: NYR20A222

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Newfield

SPDES ID: NYR20A222

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Jeff | MI: | Last Name: Hart

Title: Supervisor

Address: 166 Main St

City: Newfield | State: NY | Zip: 14867-

eMail: supervisor@newfieldny.org

Phone: (607) 564-0654 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Newfield

SPDES ID: NYR20A222

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850-

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Newfield

SPDES ID: NYR20A222

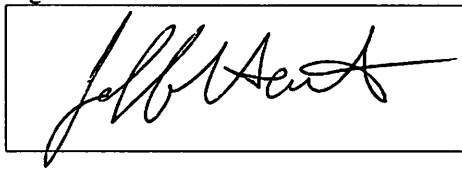
Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Jeff | MI: | Last Name: Hart

Title (Clearly print title of individual signing report): Supervisor

Signature: 

Date: 05 / 02 / 2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Lansing

SPDES ID: NYR20A220

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Lansing

SPDES ID: NYR20A220

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

● Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Lynn | MI: | Last Name: Day

Title: Code Enforcement Officier

Address: 29 Auburn Rd

City: Lansing | State: NY | Zip: 14882-

eMail:

Phone: (607) 533-7054 | County: Tompkins

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Lansing

SPDES ID: NYR20A220

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Donald | MI: M | Last Name: Harner

Title: Town Engineer

Address: 203 N Aurora St

City: Ithaca | State: NY | Zip: 14850-

eMail: dmh@tgmillerpc.com

Phone: (607) 272-6477 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Lansing

SPDES ID: NYR20A220

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick rd

City: Ithaca

State: NY

Zip: 14850-

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Lansing

SPDES ID: NYR20A220

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Ed | MI: | Last Name: LaVigne

Title (Clearly print title of individual signing report): Town Supervisor

Signature:

Date: 04 / 18 / 2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Lansing

SPDES ID: NYR20A220

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Dryden

SPDES ID: NYR20A231

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Dryden

SPDES ID: NYR20A231

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Jason | MI: | Last Name: Leifer

Title: Town Supervisor

Address: 93 East Main ST

City: Dryden | State: NY | Zip: 13053 -

eMail: supervisor@dryden.ny.us

Phone: (607) 844-8888 | County: Tompkins

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Dryden

SPDES ID: NYR20A231

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: David | MI: | Last Name: Sprout

Title: Code Enforcement Officer

Address: 93 East Main St

City: Dryden | State: NY | Zip: 13053 -

eMail: david@dryden.ny.us

Phone: (607) 844-8888 | County: Tompkins

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Dryden

SPDES ID: NYR20A231

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: Multiple Tasks
- ● MM2: Multiple Tasks
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Dryden

SPDES ID: NYR20A231

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Jason | MI: | Last Name: Leifer

Title (Clearly print title of individual signing report): Town Supervisor

Signature:

Date: 05 / 15 / 2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Tompkins County

SPDES ID: NYR20A278

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Tompkins County

SPDES ID: NYR20A278

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Jason | MI: | Last Name: Molino

Title: County Administrator

Address: 125 East Court St

City: Ithaca | State: NY | Zip: 14850-

eMail:

Phone: (607) 274-5551 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2017

Name of MS4: Tompkins County

SPDES ID: NYR20A278

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3
- ○ MM4
- ○ MM5
- ○ MM6

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Tompkins County Highway

SPDES ID: NYR20A254

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Jaimie | MI: | Last Name: Potter

Title: Engineering Technician

Address: 170 Bostwick Rd

City: Ithaca | State: NY | Zip: 14850-

eMail: jlpotter@tompkins-co.org

Phone: (607) 274-0328 | County: Tompkins

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2017

Name of MS4: Tompkins County

SPDES ID: NYR20A278

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Jason | MI: | Last Name: Molino

Title (Clearly print title of individual signing report): County Administrator

Signature: Jason Molino

Date: / /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2017

Name of MS4: Tompkins County

SPDES ID: NYR20A278

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca

State: NY

Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3:
- ○ MM4:
- ○ MM5:
- ○ MM6:

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Caroline

SPDES ID: NYR20A214

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

Stormwater Coalition of Tompkins County

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Caroline

SPDES ID: NYR20A214

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

   A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

   If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ● Report Preparer

First Name: Mark | MI: | Last Name: Witmer

Title: Supervisor

Address: P.O. Box 136

City: Slaterville Springs | State: NY | Zip: 14881-

eMail: supervisor@townofcaroline.org

Phone: (607) 539-3395 | County: Tompkins

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Caroline

SPDES ID: NYR20A214

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Stormwater Coalition of

Partner/Coalition Name (con't.): Tompkins County

SPDES Partner ID - If applicable: NYR20

Address: 170 Bostwick Rd

City: Ithaca State: NY Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ● Yes ○ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ● MM1: multiple tasks
- ● MM2: multiple tasks
- ○ MM3:
- ○ MM4:
- ○ MM5:
- ○ MM6:

Additional tasks/responsibilities

○ *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Caroline

SPDES ID: NYR20A214

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

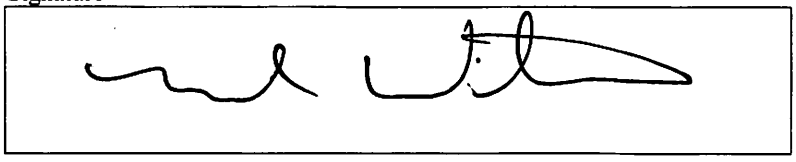
First Name: Mark

MI:

Last Name: Witmer

Title (Clearly print title of individual signing report): Supervisor

Signature:



Date: 05 / 14 / 2018

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Stormwater Colation of Tompkins County

SPDES ID: NYR20A

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Angel | MI: L | Last Name: Hinickle

Title: Coalition Coordinator

Address: 170 Bostwick Rd

City: Ithaca | State: NY | Zip: 14850 -

eMail: ahinickle@tompkins-co.org

Phone: (607) 257-2340 | County: Tompkins

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

Water Quality Trends

The information in this section is being reported (check one):

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s are contributed to this report? 10

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ● Yes ○ No

If Yes, choose one of the following

○ Report(s) attached to the annual report

● Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

URL: http://database.communityscien
ce.org/

URL: https://energyandsustainabilit
y.fs.cornell.edu/util/clmp/

URL:

URL:

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 10

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ○ Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:
- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ● Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ● Wetland Protection
- ○ None

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ● Other:
- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

college construction students

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

● Construction Site Operators Trained	# Trained	18
○ Direct Mailings	# Mailings	
○ Kiosks or Other Displays	# Locations	
○ List-Serves	# In List	
○ Mailing List	# In List	
● Newspaper Ads or Articles	# Days Run	90
● Public Events/Presentations	# Attendees	110
● School Program	# Attendees	2000
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	

Locations (e.g. libraries, town offices, kiosks)

NYS Fair

Town Offices

Contractor Trainings

○ Other:

● Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL: www.tcstormwater.org

URL: www.cayugalake.org/smart-steps-for-clean-water.html

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

3. Web Page con't.: Provide specific web addresses - not home page.

URL: www.floatingclassroom.net

URL: www.town.ithaca.ny.us/documents-publications

URL: http://dryden.ny.us/departments/planning-department/planning/town-of-dryden-stormwater-management

URL: http://www.cityofithaca.org/316/Stormwater-Management

URL: http://www.townofcaroline.org/watershed-and-stormwater-mangement.html

URL: http://www.lansingtown.com/departments/codes-inspections/stormwater

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Provide education to the general public, contractors, public employees, and school children on storwmater, the importance of stormwater management, and how it impacts local waterbodies (Cayuga Lake and streams).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

One stormwater focused ad was run in the Ithaca Times Summer Guide for a 90 day period (from June -August). The ad addressed stormwater runoff into storm drains. 8 students in the TC3 Construction Methods and Materials Class were reached through a stormwater presentation. 18 highway staff were trained through the NYSDEC 4-Hour Erosion and Sediment Control Course. 2000 youth were reached through the Floating classroom and 110 adults were reached through presentations and other events.

C. How many times was this observation measured or evaluated in this reporting period?

2228

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? ● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Publish stormwater ads on TCAT buses. Develop a brochure for the Coalition for distribution at education events and municipal offices. Further expand stormwater website to include additional pages on what homeowners can do. Continue supporting the Floating Classroom and CSI water quality monitoring efforts. Conduct 1-2 NYSDEC 4-hour contractor trainings per calendar year.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 10

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events — # Events:

○ Comments on SWMP Received — # Comments:

● Community Hotlines

Phone # (607) 257-6166
Phone # (607) 273-1656
Phone # (607) 274-0307
Phone # (607) 844-8888
Phone # (607) 387-5767
Phone # (607) 533-7054
Phone # (607) 257-1238
Phone # (607) 273-1747
Phone # (607) 539-7252
Phone # (607) 387-9778
Phone # ( ) -

○ Community Meetings — # Attendees:

○ Plantings — Sq. Ft.:

○ Storm Drain Markings — # Drains:

○ Stakeholder Meetings — # Attendees:

○ Volunteer Monitoring — # Events:

● Other: Pharmaceutical/HHW Collection

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List:

● Newspaper Advertising — # Days Run: 90

○ TV/Radio Notices — # Days Run:

● Other: Press Release

● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: City of Ithaca

SPDES ID: NYR20A283

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events — # Events
○ Comments on SWMP Received — # Comments
○ Community Hotlines — Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
○ Community Meetings — # Attendees
○ Plantings — Sq. Ft.
● Storm Drain Markings — # Drains
○ Stakeholder Meetings — # Attendees
● Volunteer Monitoring — # Events: 40
○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List
○ Newspaper Advertising — # Days Run
○ TV/Radio Notices — # Days Run
○ Other:
○ Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events — # Events
○ Comments on SWMP Received — # Comments
○ Community Hotlines — Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
○ Community Meetings — # Attendees
○ Plantings — Sq. Ft.
○ Storm Drain Markings — # Drains
○ Stakeholder Meetings — # Attendees
● Volunteer Monitoring — # Events: 40
○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List
○ Newspaper Advertising — # Days Run
○ TV/Radio Notices — # Days Run
○ Other:
○ Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- ○ Cleanup Events — # Events
- ○ Comments on SWMP Received — # Comments
- ○ Community Hotlines — Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
- ○ Community Meetings — # Attendees
- ○ Plantings — Sq. Ft.
- ○ Storm Drain Markings — # Drains
- ○ Stakeholder Meetings — # Attendees
- ● Volunteer Monitoring — # Events: 40
- ○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

- ○ List-Serve — # In List
- ○ Newspaper Advertising — # Days Run
- ○ TV/Radio Notices — # Days Run
- ○ Other:
- ○ Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events — # Events
○ Comments on SWMP Received — # Comments
○ Community Hotlines — Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
○ Community Meetings — # Attendees
○ Plantings — Sq. Ft.
○ Storm Drain Markings — # Drains
○ Stakeholder Meetings — # Attendees
● Volunteer Monitoring — # Events: 40
○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List
○ Newspaper Advertising — # Days Run
○ TV/Radio Notices — # Days Run
○ Other:
○ Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events — # Events
○ Comments on SWMP Received — # Comments
○ Community Hotlines — Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
Phone # ( ) - Phone # ( ) -
○ Community Meetings — # Attendees
○ Plantings — Sq. Ft.
○ Storm Drain Markings — # Drains
○ Stakeholder Meetings — # Attendees
● Volunteer Monitoring — # Events: 40
○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List
○ Newspaper Advertising — # Days Run
○ TV/Radio Notices — # Days Run
○ Other:
○ Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20A278

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events — # Events
○ Comments on SWMP Received — # Comments
○ Community Hotlines — Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
○ Community Meetings — # Attendees
● Plantings — Sq. Ft. 1200
○ Storm Drain Markings — # Drains
○ Stakeholder Meetings — # Attendees
● Volunteer Monitoring — # Events 40
○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List
○ Newspaper Advertising — # Days Run
○ TV/Radio Notices — # Days Run
○ Other:
○ Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events — # Events
○ Comments on SWMP Received — # Comments
○ Community Hotlines — Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
Phone # ( ) -
○ Community Meetings — # Attendees
○ Plantings — Sq. Ft.
○ Storm Drain Markings — # Drains
○ Stakeholder Meetings — # Attendees
● Volunteer Monitoring — # Events: 40
○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

○ List-Serve — # In List
○ Newspaper Advertising — # Days Run
○ TV/Radio Notices — # Days Run
○ Other:
○ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL
www.tcstormwater.org

URL
http://www.tompkinscountyny.gov/planning/committees-wrc

URL
http://dryden.ny.us/departments/planning-department/planning/town-of-dryden-stormwater-management

URL
http://www.cityofithaca.org/316/Stormwater-Management

URL
http://www.townofcaroline.org/

URL
http://vlansing.org

URL
http://www.lansingtown.com/departments/codes-inspections/stormwater

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coaliton of Tompkins County

SPDES ID: NYR20

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

URL: http://www.ulysses.ny.us/

URL: www.town.ithaca.ny.us/documents-publications

URL:

URL:

URL:

URL:

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office — ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca — NY — Zip: 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: City Ithaca SWMP -510 First St

City: Ithaca — NY — Zip: 14850-

Phone: (607) 272-1717

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office — ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca — NY — Zip: 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: Tompkins Co 170 Bostwick Rd

City: Ithaca — NY — Zip: 14850-

Phone: (607) 274-0328

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

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Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca Zip: NY 14850-

Phone: (607) 257-2340

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ○ Annual Report ● SWMP Plan ○ Comments

Address: Caroline 2670 Slaterville Rd

City: Slaterville Spri Zip: NY 14881-

Phone: (607) 539-6400

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

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● MS4/Coalition Office — ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca — NY — Zip: 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: T Lansing 10 Town Barn Rd

City: Lansing — NY — Zip: 14882-

Phone: (607) 533-4328

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

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Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

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● MS4/Coalition Office — ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca — Zip: NY 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: T Ithaca 106 Seven Mile Dr

City: Ithaca — Zip: NY 14850-

Phone: (607) 273-1656

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

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Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

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Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca — Zip: NY 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: T Lansing 29 Aurburn Rd

City: Lansing — Zip: NY 14882-

Phone: (607) 533-7054

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

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Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

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Address: 170 Bostwick Rd

City: Ithaca — Zip: NY 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip:

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: T Newfield 166 Main St

City: Newfield — Zip: NY 14867-

Phone: (607) 564-0654

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

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Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

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Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca — Zip: NY 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip:

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: Town Ulysses 10 Elm St

City: Trumansburg — Zip: NY 14886-

Phone: (607) 387-9778

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca NY Zip: 14850-

Phone: (607) 257-2340

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip:

Phone: ( ) -

● Other ○ Annual Report ● SWMP Plan ○ Comments

Address: V Cayuga Heights 836 Hanshaw Rd

City: Ithaca NY Zip: 14850-

Phone: (607) 257-5536

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

ahincikle@tompkins-co.org

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office — ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca — NY — Zip: 14850-

Phone: (607) 257-2340

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Other — ○ Annual Report ● SWMP Plan ○ Comments

Address: V Lansing 2405 N Tripphammer Rd

City: Ithaca — NY — Zip: 14850-

Phone: (607) 257-8363

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail — ● Comments

ahinickle@tompkins-co.org

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office ● Annual Report ○ SWMP Plan ● Comments

Department: TC Soil and Water Conservation

Address: 170 Bostwick Rd

City: Ithaca NY Zip: 14850-

Phone: (607) 257-2340

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip:

Phone:

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip:

Phone:

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.tcstormwater.org

Please provide specific address of page where report can be accessed - not home page.

● eMail ● Comments

ahinickle@tompkins-co.org

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet. 05 / 12 / 2018

4.b. For how many days was/will this report be posted? 365

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes ● No

If Yes, what was the date of the meeting? 05 / 21 / 2018

If No, is one planned? ● Yes ○ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ● Yes ○ No

If No, is one planned for each? ○ Yes ○ No

6. Were comments received during this reporting period? ○ Yes ● No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Stormwater Coalition of Tompkins County

SPDES ID: NYR20

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Provide opportunities for public participation and input on storwmater management programs to encourage broad public participation and partnership to improve the water quality of Cayuga Lake and tributary streams.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

An annual report page is located on the stormwater coalition website. A public meeting on the annual report is held yearly at the TC Water Resources Council meeting. CSI held their annual symposium and two Whats in Your Watershed Events, educating the general public and volunteers. TC Community Coalition for Healthy Youth continues the Safe Medication Disposal Program. They hold community events and there are 9 permanent drop boxes. TC Solid Waste holds multiple household hazardous waste collection days each year.

C. How many times was this observation measured or evaluated in this reporting period?

09

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Post public participation events and opportunities for public input on Coaltion website homepage. Expand website to include stormwater management plans and community hotline numbers . For applicable municipalities, continue to support CSI water quality monitoring efforts.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. Enter the number and approx. percent of outfalls mapped: 510 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 50

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ● Construction Vehicle Washouts
- ● Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ● Other: Fire hydrant flushing
- ○ None
- ○ Sewersheds:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

3.b. What types of illicit discharges have been found during this reporting period?

- ● Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ● Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 02

5. **How many illicit discharges have been confirmed during this reporting period?** 02

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 02

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 5 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

30 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Update and maintain stormwater utility GIS databases when changes occur in the field. Respond quickly to public reports of illicit discharges. Continue to identify illicit discharges and eliminated them in a timely fashion.
City is currently working toward improving storm drain systems along several streets including Hector Street.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

50 outfalls were monitored for dry weather flow.

C. How many times was this observation measured or evaluated in this reporting period?

01

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to update and maintain the stormwater utility GIS databases and respond quickly to public reports of illicit discharges.

The City will be sponsoring an as yet unnamed project with the Science Center in a conjoined grant application for student training and field work.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 05

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#		O No Authority
O Stop Work Orders	#		O No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
O Other	#		O No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 02

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 02

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Water and Sewer Deart,emt

Address: 510 First Street

City: Ithaca Zip: NY 14850-

Phone: (607) 272-1717

○ Library

Address:

City: Zip:

Phone: ( ) -

● Other

Address: PlanningDept 108 East Greet St

City: Ithaca Zip: NY 14850-

Phone: (607) 274-6550

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue operation of a SWPPP review and inspection program. Enforce projects as necessary and maintain open availability to contractors, owners, developers, inter department and the public for SWPPP oversight.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

5 SWPPPs reviewed which included 2 Full plans. Limited need for enforcement actions reveal the effectiveness of the program.

C. How many times was this observation measured or evaluated in this reporting period?

01

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to receive and review 100% of the SWPPPs in its program. SWPPPs are received by the Department of Planning who ensure that stormwater continues to be a firm component of the review process. Projects cannot be approved until a municipal compliance certification has been issued. 100% of all projects will continue to be inspected through the Building Department and/or Water & Sewer depending on the project type. Enforcement actions will continue to be swift if necessary.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	14	0	0
● Filter Systems	23	10	0
○ Infiltration Basins			
● Open Channels	03	03	0
● Ponds	02	0	0
○ Wetlands			
● Other	02	0	0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

● Building Codes	○ Municipal Comprehensive Plans
○ Overlay Districts	○ Open Space Preservation Program
○ Zoning	● Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

[ ]

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

10 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition (C) Ithaca

SPDES ID: NYR20A283

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Evaluate the effectiveness of the post construction measures through inspection follow-up. Issue enforcement actions if necessary and ensure that controls will function indefinitely.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

44 practices were inventoried and 13 practices were inspected during the reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

01

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Follow up inspections will continue to be made periodically to each construction site to ensure that vegetation has germinated and that there are no significant problems with siltation or efficiency of permanent controls. The program will continue to provide these services and document any issues that occur. The program will also continue to rely on public complaints to notify the City of any pending issues.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance..	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

2. Provide the following information about municipal operations good housekeeping programs:

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	700
● Catch Basins Inspected and Cleaned Where Necessary	#	1500
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	00
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 01

4. What was the date of the last training? 12 / 17 / 2017

5. How many municipal employees have been trained in this reporting period? 10

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 20 %

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: (C) Ithaca

SPDES ID: NYR20A283

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Identify pending stormwater issues from municipal operations including problems with floor drains, storage, construction, and general E&SC. Conduct employee program outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Plans for future municipal projects to incorporate Green Infrastructure practices.

C. How many times was this observation measured or evaluated in this reporting period?

01

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City continues to evolve in its new rate structure program which is helping to fund the physical and regulatory components of the system as a separate utility.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 001

1. Enter the number and approx. percent of outfalls mapped: 302 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 075

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
● Churches	○ Metal Plateing Operations
● Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
● Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	● Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	● Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
● Other:	○ None

Other: Failing Septic Systems

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ● Other: Chemicals from airport, Fire
- ○ Industrial Connections
- ● Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 01

5. **How many illicit discharges have been confirmed during this reporting period?** 01

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 01

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 30 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

025 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Routinely check all stormwater conveyances and outfalls in the village for unusual discharges or repair issues. Repair damaged structures when found . Educate Village residents about illicit discharges

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

01 failing septic systems were reported to the Tompkins County Health Department and replacement permits were obtained. The Village Staff will continue to observe and attempt to detect any Illicit Discharges. An IDDE manual has been developed and implemented. An unknown number of discharges occur from fire fighting activities at the airport.

C. How many times was this observation measured or evaluated in this reporting period?

01

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to check all stormwater conveyances and outfalls in the village for unusual discharges or repair issues. Continue to repair damaged structures when found.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 001

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 001

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 000

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#	0	O No Authority
O Stop Work Orders	#	0	O No Authority
O Criminal Actions	#	0	O No Authority
O Termination of Contracts	#	0	O No Authority
O Administrative Fines	#	0	O No Authority
O Civil Penalties	#	0	O No Authority
O Administrative Orders	#	0	O No Authority
O Enforcement Actions or Sanctions	#	0	
O Other	#	0	O No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 001

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 01

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 01

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ● No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Village of Lansing

Address: 2405 North Triphammer Road

City: Ithaca NY Zip: 14850-

Phone: (607) 257-0424

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maximum compliance with stormwater ordinance

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All site plans reviewed, construction sites regularly inspected by qualified engineers, local officials received training in reducing stormwater at construction sites. News articles are provided in the Village newsletter twice yearly, which is distributed to the public and posted on the Village website.

C. How many times was this observation measured or evaluated in this reporting period?

0006

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Inventory and map all stormwater structures (detention ponds) that have been conveyed to the Village. Update map which includes all catch basins and culverts located within the Village

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 001

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	1	0	
○ Filter Systems	6	5	0
○ Infiltration Basins			
○ Open Channels			
● Ponds	3	2	
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ● No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

● Building Codes
● Municipal Comprehensive Plans
● Overlay Districts
● Open Space Preservation Program
● Zoning
● Local Law or Ordinance
○ None
● Land Use Regulation/Zoning
○ Watershed Plans
○ Other Comprehensive Plan
● Other: Steep slope Special permits

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

25 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inspection program for stormwater management facilities. Compliance with all SWPPPs.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Village public works staff regularly inspect all stormwater retention and treatment facilities for which the Village is responsible. Those on private property with easements to the Village are also periodically inspected. Improvements made as necessary. The village hired Brent Cross, Engineer from Cayuga Heights to map and inspect all post-construction stormwater controls on private property. 67 practices were mapped.

C. How many times was this observation measured or evaluated in this reporting period?

04

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Ongoing facility inspection and maintenance. Compliance with all SWPPPs.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 01

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	○ No
Winter Road Maintenance	○ Yes	● No	● Yes	○ No
Salt Storage	○ Yes	● No	● Yes	○ No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance..	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	● Yes	○ No
Municipal Building	○ Yes	● No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	○ Yes	● No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20

2. Provide the following information about municipal operations good housekeeping programs:

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	4
● Catch Basins Inspected and Cleaned Where Necessary	#	119
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	17
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 0

4. What was the date of the last training? / /

5. How many municipal employees have been trained in this reporting period? 0

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 0 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Lansing

SPDES ID: NYR20A182

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Prevent/intercept/remediate pollutant from municipal operations

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Road salt stored in closed facility. Proper management and disposal of small amounts of hazardous materials used in Village operations. Streets swept at end of winter, catch basins cleaned and inspected. Bio-retention filters and rain gardens will be maintained and were added to treat runoff.

C. How many times was this observation measured or evaluated in this reporting period?

140

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to have street sweeping activities and storm sewer cleaning performed and completed in accordance with the Villages Stormwater Management Program Plan and the Municipal Operations and Maintenance Activities.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: VILLAGE OF CAYUGA HEIGHTS

SPDES ID: NYR20A254

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 001

1. Enter the number and approx. percent of outfalls mapped: 180 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 18

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
● Building Maintenance	○ Marinas
● Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
● Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
● Cross-Connections	○ Residential Carwashing
○ Distribution Centers	● Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	● Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	○ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: VILLAGE OF CAYUGA HEIGHTS

SPDES ID: NYR20A254

3.b.What types of illicit discharges have been found during this reporting period?

- ● Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ● Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 2

5. **How many illicit discharges have been confirmed during this reporting period?** 2

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 2

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ○ Yes ○ No
   Is this information available on the web? ○ Yes ○ No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

50 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: VILLAGE OF CAYUGA HEIGHTS

SPDES ID: NYR20A254

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

CONTINUOUSLY MONITOR OUTFALLS FOR ILLICIT DISCHARGES.
COORDINATE VILLAGE STORM SEWER SHED W/ ADJACENT STORM SEWER SHEDS

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

(2) ILLICIT DISCHARGES WERE DETECTED AND ELIMINATED AND SUCCESSFULLY REMEDIATED.
CONTINUED TO WORK WITH TOMPKINS COUNTY SOIL AND WATER CONSERVATION DISTRICT TO MAKE THE COLLECTED DATA AVAILABLE THROUGH THE APPROPRIATE SOURCES

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

THE VILLAGE HAS ACQUIRED AUTOCAD AND GIS MAPPING SOFTWARE AND IS IN THE PROCESS OF INTEGRATING ALL INFRASTRUCTURE DATA INTO THE INFORMATION TECHNOLOGY RESOURCE

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 1

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 1

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 1

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

● Notices of Violation	#	1	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 1

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 1

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 2

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: CODE ENFORCEMENT/ENGINEERING

Address: 836 HANSHAW ROAD

City: ITHACA NY Zip: 14850-

Phone: (607) 257-5536

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

CONTINUED TO ACTIVELY REVIEW/APPROVE NEW PROJECT SITE DEVELOPMENT APPLICATIONS.
REVIEWED WEEKLY INSPECTION REPORTS AND MAKE WEEKLY SITE INSPECTIONS

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal..

THERE WAS ONE PROJECT WITH A SWPPP THAT WAS COMPLETED (NOT)
THERE WAS ONE NEW PROJECT WITH A SWPPP THAT WAS ISSUED (NOI)
BOTH SITES WERE CONTINUOUSLY MONITORED FOR COMPLIANCE

C. How many times was this observation measured or evaluated in this reporting period?

52

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

CONTINUE TO REVIEW, APPROVE, AND INSPECT CONSTRUCTION PROJECTS WITH SITE DEVELOPMENT SWPPP

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 1

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	9	9	
● Open Channels	1	1	
○ Ponds	6	6	
○ Wetlands			
● Other	4	4	

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes	● Municipal Comprehensive Plans
○ Overlay Districts	○ Open Space Preservation Program
● Zoning	● Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

50 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

CREATED AN ANNUAL POST CONSTRUCTION PRACTICE INSPECTION PROGRAM AND MAINTAIN DOCUMENTATION OF ALL SITES.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

ALL POST CONSTRUCTION PRACTICES WERE OBSERVED, INSPECTED AND DOCUMENTED AS BEING IN GOOD WORKING ORDER AND NO MAINTENACE WAS NEEDED

C. How many times was this observation measured or evaluated in this reporting period?

20

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

CONTINUE TO ADD NEWLY COMPLETED POST CONSTRUCTION PRACTICES TO THE ANNUAL INSPECTION LOG.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 1

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

2. Provide the following information about municipal operations good housekeeping programs:

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	21
● Catch Basins Inspected and Cleaned Where Necessary	#	100
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	20
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. **How many stormwater management trainings have been provided to municipal employees during this reporting period?** 1

4. **What was the date of the last training?** 03 / 02 / 2017

5. **How many municipal employees have been trained in this reporting period?** 4

6. **What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Cayuga Heights

SPDES ID: NYR20A254

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

PROVIDE ANNUAL TRAINING TO DPW STAFF
MAINTAIN DPW MAINTENANCE FACILITY FREE OF CONTAMINANTS
CLEAN OUT OIL/GREASE SEPARATOR (DISCHARGES TO MUNICIPAL SANTIRARY SEWER.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

SWEPT 21 MILES ROADS
CLEAN 100 CATCH BASINS
HIRED THIRD PARTY DISPOSAL OF OIL/GREASE DEBRIS

C. How many times was this observation measured or evaluated in this reporting period?

17

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

THE VILLAGE HAS HIRED A CIVIL ENGINEER CONSULTANT TO EVALUATE THE DRAINAGE/RUN-OFF ASSOCIATED WITH THE DPW FACILITY.
A PLAN IS BEING PREPARED THAT WILL ADDRESS STORMWATER COLLECTION, QUALITY TREATMENT AND STORAGE VOLUME.
THE PLAN WILL ALSO INCLUDE PROVISIONS FOR MATERIAL STORAGE

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. Enter the number and approx. percent of outfalls mapped: 19 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
● Other: Failing Septic Systems	○ None

○ Sewersheds:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 40 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

100 %

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain a local law prohibiting illicit discharges into the storm sewer system.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All outfalls were inventoried two years; none this year.

C. How many times was this observation measured or evaluated in this reporting period?

0

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Delineate storm sewershed of the outfalls in the urbanized area.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 2

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#	0	O No Authority
O Stop Work Orders	#	0	O No Authority
O Criminal Actions	#	0	O No Authority
O Termination of Contracts	#	0	O No Authority
O Administrative Fines	#	0	O No Authority
O Civil Penalties	#	0	O No Authority
O Administrative Orders	#	0	O No Authority
O Enforcement Actions or Sanctions	#	0	
O Other	#		O No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 01

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 03

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town of Ulysses

Address: 10 Elm St

City: Trumansburg NY Zip: 14886-

Phone: (607) 387-5767

○ Library

Address:

City: Zip:

Phone: ( ) -

○ Other

Address:

City: Zip:

Phone: ( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Require SWPPPs for land disturbance >1 acre: Adopt a local law equivalent to the State Sample, update as necessary. Review and certify SWPPP: Track the number of SWPPPs reviewed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Original Local Law was adopted in 2007; the Town plans to update local law in coming years. SWPPP's are reviewed and certified on an on-going basis. 2 SWPPPs were reviewed in this reporting period (one is still under review), three construction projects were active and three filed a Notice of Termination. Active construction is being monitored by town and soil and water staff.

C. How many times was this observation measured or evaluated in this reporting period?

05

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Local Law should be updated to incorporate better site design and construction on steep slopes. Continue Town contract with TCSWCD to review SWPPPs, which are available for public review in Town Hall. Where Site Plan Review is required, SWPPP is part of approval process.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	01	1	
○ Open Channels			
● Ponds	2	2	
● Wetlands	1	1	
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ● Building Codes
- ● Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ● Zoning
- ● Local Law or Ordinance
- ○ None
- ● Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 15 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Require post-construction stormwater runoff controls for applicable land disturbance over 1 acre: Update local law as necessary. Inventory post-construction stormwater management practices: Add to spreadsheet as needed. Require landowner submit an inspection report post-construction stormwater management practices on an annual basis.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Local Law adopted in 2007. Inventory of post-construction practices updated. Landowners/agents submit inspection report, preferably in October.

C. How many times was this observation measured or evaluated in this reporting period?

04

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to update post-construction stormwater practices inventory when projects are completed (T-burg Mini Golf, Cayuga Compost, Franziska Racker Center, ATC, Wilcox residence). Make sure inspection reports are received by the end of October.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	○ Yes	● No	○ Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	○ Yes	● No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

2. Provide the following information about municipal operations good housekeeping programs:

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	1
● Catch Basins Inspected and Cleaned Where Necessary	#	2
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 01 / 17 / 2018

5. How many municipal employees have been trained in this reporting period? 1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ulysses

SPDES ID: NYR20A151

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Training for Highway Department Staff: Track participation in training opportunities. Develop good housekeeping/pollution prevention plan: Keep plan at Highway Barn and update as necessary. Document self-assessments and annual maintenance procedures.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

GH/PP Plan has been developed and includes: Spill response and prevention; vehicle/equipment maintenance; hazardous and waste materials management; roadway maintenance; road salt storage and application; catch basin and storm drain system cleaning; waste dumping; construction and land disturbance

C. How many times was this observation measured or evaluated in this reporting period?

15

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to train municipal employees when new people are hired or when new information is available.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Enter the number and approx. percent of outfalls mapped: 89 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 100

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
● Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	● Restaurants
○ Food Processing Facilities	● Schools and Universities
○ Garbage Truck Washouts	● Septic Maintenance
● Hospitals	● Swimming Pools
○ Improper RV Waste Disposal	● Vehicle Fueling
○ Industrial Process Water	● Vehicle Maint./Repair Shops
○ Other:	○ None

○ Sewersheds:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ● Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training? 60 %

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct dry weather flow monitoring of outfalls
Respond to complaints or reports of illicit discharge

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Contractor and general public are more aware of illicit discharge issues (general Observation).
Complaints/reports were quickly investigated and remedied.
100% of sewershed mapping complete and Updated

C. How many times was this observation measured or evaluated in this reporting period?

3

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue screening outfalls (100%) during dry weather on a yearly basis
Continue responding quickly to reports of illicit discharges/connections

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 41

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

● Notices of Violation	#	203	○ No Authority
● Stop Work Orders	#	16	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
● Enforcement Actions or Sanctions	#	203	
○ Other	#		○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 05

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 05

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Ithaca Town Hall

Address: 215 N Tioga St

City: Ithaca NY Zip: 14850-

Phone: (607) 273-1721

○ Library

Address:

City: Zip:

Phone: ( ) -

● Other

Address: Public Works 106 Seven Mile Dr

City: Ithaca NY Zip: 14850-

Phone: (607) 273-1656

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue educating contractor and builders on problems associated with erosion and sedimentation and techniques to prevent it.
Continue inspections at construction sites
Watershed delineation and modeling for improved peak flow determinations and calulations

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Plans and Projects that are being reviewed and inspected have been submitted or maintained to a more complete level then earlier years.
Developers and Contractors are calling the Town during the planning stage and before construction to review Sediment and Erosion Control plans. This includes single family home construction.

C. How many times was this observation measured or evaluated in this reporting period?

18

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue mapping of watersheds
Continue education of contractors, builders, and developers
Editing and updating stormwater local law to reflect experience.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	33	33	
● Filter Systems	26	26	
● Infiltration Basins	02	02	
● Open Channels	05	05	
● Ponds	38	38	
● Wetlands	06	06	
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes	○ Municipal Comprehensive Plans
○ Overlay Districts	○ Open Space Preservation Program
○ Zoning	● Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other: ___

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

[ ]

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

10 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inventory new facilities, inspect all facilities, and maintain if needed.
Develop operations and maintenance agreements for new projects.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Based on inspections, owners are maintaining facilities
O&M agreements developed and signed.
Town inspecting facilities.
Annual Inspection Reports as Submitted to Town from O & M Agreements
Movement to more Green Infrastructure at the Single Family House Building Projects
New Comprehensive plan passed with green infrastructure and Open space

C. How many times was this observation measured or evaluated in this reporting period?

80

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue inspections
Maintain facilities as needed.
Continue learning and applying new 2015 General Construction Permit

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	○ Yes	● No	○ Yes	○ No
New Municipal Construction and Land Disturbance..	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

2. Provide the following information about municipal operations good housekeeping programs:

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
○ Streets Swept (Number of miles X Number of times swept)	# Miles	
● Catch Basins Inspected and Cleaned Where Necessary	#	40
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	0
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 02

4. What was the date of the last training? 04 / 10 / 2018

5. How many municipal employees have been trained in this reporting period? 30

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 80 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ithaca

SPDES ID: NYR20A134

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue have any new additions to the Public Works Facilities to meet Storm Water and Good House-keeping.
Continue to Monitor existing good housekeeping practices for compliance with Town Policies.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Electronic tracking and monitoring of stormwater inlet cleaning
Good Housekeeping continues to be applied at facilities and Job sites

C. How many times was this observation measured or evaluated in this reporting period?

80

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to maintain existing stormwater and good housekeeping infrastructure at Town owned facilities.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. Enter the number and approx. percent of outfalls mapped: 24 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
● Other: Failing Septic Systems	○ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 04

5. **How many illicit discharges have been confirmed during this reporting period?** 04

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 04

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 20 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ○ Yes ● No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ○ Yes ● No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

0 %

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Quickly respond to residents complaints of illicit discharges.
Work with the Tompkins County Health Department to track the number of failing septic systems and replacements in the Town.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

4 failing septic systems were reported to the Tompkins County Health Department in this reporting period and 4 replacement permits were submitted.

C. How many times was this observation measured or evaluated in this reporting period?

04

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to work with the Tompkins County Health Department on failing septics systems and tracking the number of failing septic systems with the Town.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 02

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period?

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ○ Yes ● No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#		O No Authority
O Stop Work Orders	#	0	O No Authority
O Criminal Actions	#	0	O No Authority
O Termination of Contracts	#	0	O No Authority
O Administrative Fines	#	0	O No Authority
O Civil Penalties	#	0	O No Authority
O Administrative Orders	#	0	O No Authority
O Enforcement Actions or Sanctions	#	0	
O Other	#		O No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 02

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 09

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Hall

Address: 166 Main St

City: Newfield NY Zip: 14867-

Phone: (607) 564-9981

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

100% of all NOI's and SWPPP's will be reviewed and all sites inspected by Tompkins County Soil and Water Conservation District (TCSWCD) staff in partnership with the Newfield CEO. Discrepancies with regulations or non-compliance on any lot is first addressed directly by TCSWCD, then the CEO, and then the SMO. If necessary, the case will be sent to Town Court.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of all NOIs and SWPPPs have been reviewed, all construction sites have been inspected monthly.

C. How many times was this observation measured or evaluated in this reporting period?

40

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

100% review, inspection, and site compliance checks for each NOI/SWPPP submitted to the Town. Plan Reviews and Site inspections are ongoing and in accordance with project permit conditions as well as state and local requirements. As necessary, Newfield CEO consults with NYSDEC representatives to assure compliance.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices	0	0	
○ Filter Systems	0	0	
○ Infiltration Basins	0	0	
○ Open Channels	0	0	
● Ponds	0	4	
○ Wetlands	0	0	
● Other	03	03	

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes	○ Municipal Comprehensive Plans
○ Overlay Districts	○ Open Space Preservation Program
○ Zoning	● Local Law or Ordinance
○ None	○ Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inventory new post construction control practices.
Develop operations and maintenance agreements for new projects.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

3 post-construction practices have been inventoried in this reporting period, E&V Energy installed two bioretention areas and a stone flow distributor.

C. How many times was this observation measured or evaluated in this reporting period?

3

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Inventory any new post construction control practices and use photo documentation
Update stormwater local law for green infrastructure.
Develop an ownership and maintenance agreement for ponds at Millard Hill

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	○ Yes	● No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	○ No
Parks and Open Space	○ Yes	● No	○ Yes	○ No
Municipal Building	○ Yes	● No	○ Yes	○ No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	○ Yes	● No	○ Yes	● No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

2. Provide the following information about municipal operations good housekeeping programs:

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	01
● Streets Swept (Number of miles X Number of times swept)	# Miles	05
● Catch Basins Inspected and Cleaned Where Necessary	#	06
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 01

4. What was the date of the last training? 01 / 17 / 2018

5. How many municipal employees have been trained in this reporting period? 01

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 25 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Newfield

SPDES ID: NYR20A222

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct annual maintenance activities (street sweeping, catch basin inspection/cleaning) and document work completed. Train highway department staff in good housekeeping/pollution prevention and track participation.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1 acre of parking lot was swept, 5 miles of streets were swept, 6 catch basins were inspected.

C. How many times was this observation measured or evaluated in this reporting period?

12

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue street sweeping and inspections of catch basins.
Provide training to CEO and highway department staff.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. Enter the number and approx. percent of outfalls mapped: 310 # 56 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 8

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	● Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
● Other:	○ None

Failing Septic Systems

○ Sewersheds:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 23

5. **How many illicit discharges have been confirmed during this reporting period?** 23

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 16

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 20 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

10 %

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Build capacity and experience to advance water resource protection techniques. Continue to inspect mapped outfalls during dry and wet conditions and establish a more formal procedure. Respond to complaints from residents concerning illiicit discharges.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Formal outfall inspection forms have been created to help track inspections. Stormwater inspection of permanent stormwater systems for seven drainage districts have been re-inspected and reported on. Tracking of failing septic systems were reported to the Tompkins County Department of Health.

C. How many times was this observation measured or evaluated in this reporting period?

50

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to map outfalls and perform inspections. Compile a database for dry and wet conditions to more easily track outfall inspections.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ○ 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 03

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 4

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

● Notices of Violation	#	3	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 03

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 05

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Lansing Code Enforcement

Address: 29 Auburn Rd

City: Lansing NY Zip: 14882-

Phone: (607) 533-7054

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL:

URL:

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

All NOIs and SWPPPs will be reviewed and all sites will be inspected by a qualified person with the Town of Lansing CEO. Discrepancies with regulations or non-compliance on any lot will be directly addressed by CEO and SMO officer. Formal tracking of MS4 construction inspections will be implemented.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All of the NOIs and SWPPPs have been reviewed by the Town of Lansing and consulting engineer. All complaints and compliance issues were also handled by the Town. Additional effort is still needed to track all site inspections.

C. How many times was this observation measured or evaluated in this reporting period?

10

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to Review 100% of all NOIs and SWPPPs and inspect all construction sites. Implement formal MS4 construction inspections forms and complete with each inspection.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
● Filter Systems	79	5	0
○ Infiltration Basins			
● Open Channels	18	4	1
● Ponds	46	20	3
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ○ Building Codes
- ● Municipal Comprehensive Plans
- ○ Overlay Districts
- ● Open Space Preservation Program
- ● Zoning
- ● Local Law or Ordinance
- ○ None
- ● Land Use Regulation/Zoning
- ● Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

25 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Track drainage districts currently formed and schedule planned maintenance. Partner and educate the involved parties throughout the permit period to gain compliance and successful issuance of an NOT.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

New drainage districts have been formed and others re-evaluated for effectiveness. One NOTs was filed this reporting year.

C. How many times was this observation measured or evaluated in this reporting period?

5

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to work with contractors/developers to gain permit compliance and issuance of an NOT when a project is 80% stabilized. Formally track each drainage district and establish future maintenance plan and costs in order to plan for larger repair costs.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	○ Yes	● No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	○ Yes	● No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

2. Provide the following information about municipal operations good housekeeping programs:

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	1
● Streets Swept (Number of miles X Number of times swept)	# Miles	6
● Catch Basins Inspected and Cleaned Where Necessary	#	12
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	20
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 01

4. What was the date of the last training? 08 / 01 / 2017

5. How many municipal employees have been trained in this reporting period? 12

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 75 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Lansing

SPDES ID: NYR20A220

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct annual maintenance activities (street sweeping, catch basin inspection/cleaning, post construction practice inspection/cleaning) and document work completed. Train highway department staff in good housekeeping/pollution prevention and track participation. Preform self assessments on municipal operations.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Maintenance has been performed on municipal infrastructure including street/parking lot sweeping, catch basin cleaning, and stormwater facility maintenance. Self assessments have been reviewed for some municipal operations.

C. How many times was this observation measured or evaluated in this reporting period?

7

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Implement formal self assessment procedure for municipal operations. Update SWMP as needed. Coordinate with Parks department with operational procedures.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 1

1. Enter the number and approx. percent of outfalls mapped: 64 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 20

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
● Building Maintenance	○ Marinas
● Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
● Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
● Construction Vehicle Washouts	● Printing
● Cross-Connections	○ Residential Carwashing
○ Distribution Centers	● Restaurants
● Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	● Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	● Vehicle Fueling
○ Industrial Process Water	● Vehicle Maint./Repair Shops
● Other: Roadway and DEC Reported Spills	○ None
○ Sewersheds:	

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ● Illegal Dumping
- ● Other: DEC Reported Spills
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 17

5. **How many illicit discharges have been confirmed during this reporting period?** 17

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 17

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 0 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

4 %

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Respond to 100% of illicit discharge reports. Conduct dry weather outfall reconnaissance on 25% of outfalls each year.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Response to illicit discharge reports is immediate. One broken sewer line was repaired, thirteen failed septic systems were replaced. Twenty outfalls were inspected for dry weather discharge. No illicit discharges were detected but, because no checklist was used for the inspections, there is no documentation.

C. How many times was this observation measured or evaluated in this reporting period?

22

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

○ Yes ● No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ Yes ● No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

An outfall inspection checklist will be used for all outfall inspections. The Town will continue to respond immediately to 100% of illicit discharge complaints.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 1

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 8

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

● Notices of Violation	#	4	○ No Authority
● Stop Work Orders	#	1	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
● Other	#	10	○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 1

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 1

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 4

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

6. con't.:

Submit additional pages as needed.

O MS4/Coalition Office

Department: Planning

Address: 93 East Main Street

City: Dryden NY Zip: 13053-

Phone: (607) 844-8888

O Library

Address:

City: Zip: -

Phone: ( ) -

O Other

Address:

City: Zip: -

Phone: ( ) -

O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Review and verify 100% of Ground Disturbance Tally Forms and require appropriate erosion & sediment control practices or full SWPPP. Track E&SC certified Town employees. Hydroseed open ditches.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Eighty-four building projects included ground disturbing activity. Besides determining the extent of erosion and sediment control practices necessary, each project applicant received a brief education about stormwater runoff while completing a ground disturbance tally form.

C. How many times was this observation measured or evaluated in this reporting period?

84

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continued review of ground disturbance forms for all projects.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 1

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	5	14	0
○ Open Channels			
● Ponds	18	3	0
○ Wetlands			
● Other	1	5	0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ● No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes	● Municipal Comprehensive Plans
● Overlay Districts	○ Open Space Preservation Program
● Zoning	● Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
● Watershed Plans	○ Other Comprehensive Plan

○ Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

● Yes ○ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

4 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inspect 25% of post-construction practices each year. Inventory all new and newly discovered practices.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Active construction sites with post construction practices were inspected at least five times each during the reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

32

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

○ Yes ● No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

○ Yes ● No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Inventory will be updated with better descriptions of practices. Practices will be assigned an identification number to facilitate tracking. An inspection checklist and spreadsheet will be utilized.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 1

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	○ Yes	● No	○ Yes	● No
Salt Storage	○ Yes	● No	○ Yes	● No
Solid Waste Management	○ Yes	● No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	○ Yes	● No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	○ No	○ Yes	○ No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

2. Provide the following information about municipal operations good housekeeping programs:

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	2
● Streets Swept (Number of miles X Number of times swept)	# Miles	50
● Catch Basins Inspected and Cleaned Where Necessary	#	0
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	3
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 03 / 14 / 2017

5. How many municipal employees have been trained in this reporting period? 21

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 84 %

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Dryden

SPDES ID: NYR20A231

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Track employee trainings. Track miles of roads swept. Hydro-seed open ditches.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Twenty-one Town employees attended DEC's 4-hour erosion and sediment control practices. All highway equipment is stored and maintained inside. Salt is stored in a covered facility. Ditches are hydro-seeded as soon as possible after maintenance work is completed. Thirty miles of roadside ditches were hydro-seeded.

C. How many times was this observation measured or evaluated in this reporting period?

21

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue training of employees. Collaborate with highway personnel for update of the Stormwater Management Plan. Update to include parks and open space, salt storage/usage, etc. BMP's for ditch maintenance will be encouraged.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. Enter the number and approx. percent of outfalls mapped: 01292 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ● Other: failing septic systems
- ○ Sewersheds:
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ None

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 94

5. **How many illicit discharges have been confirmed during this reporting period?** 94

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 73

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 30 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ○ Yes ● No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ○ Yes ● No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

0 %

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Respond to complaints of failed septic systems and assist homeowners with repairing or replacing the septic system.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Tompkins County Health Department assisted 94 homeowners to replace their failing septic system. 74 completion certificates were issued, 21 are awaiting inspection.

C. How many times was this observation measured or evaluated in this reporting period?

94

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue assisting homeowners with repairing or replacing failed septic systems.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ○ Yes ● No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ○ Yes ● No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
. ○ 09/2004 ○ 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 02

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period?

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#		O No Authority
O Stop Work Orders	#		O No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
O Other	#		O No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 0

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 02

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

6. con't.:

Submit additional pages as needed.

O MS4/Coalition Office

Department

Address

City Zip -

Phone ( ) -

O Library

Address

City Zip -

Phone ( ) -

O Other

Address

City Zip -

Phone ( ) -

O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Tompkins County Planning will review project proposals that are located within 500 feet of a State or County facility or highway to check for aspects that may have negative inter-community or county-wide impacts. Tompkins County Highway will review plans for projects in the highway right of way.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Tompkins County Highway received two SWPPPs this reporting period. Tompkins County Planning reviewed 130 projects through the 239 process.

C. How many times was this observation measured or evaluated in this reporting period?

02

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

County staff will continue performing plan reviews.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
● Ponds		02	02
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ● No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes	○ Municipal Comprehensive Plans
○ Overlay Districts	● Open Space Preservation Program
○ Zoning	○ Local Law or Ordinance
○ None	○ Land Use Regulation/Zoning
● Watershed Plans	● Other Comprehensive Plan

● Other: Green Building Policy

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Tompkins County maintained a stream buffer and stormwater management control measure for the community of Ludlowville. The retention pond at the corner of Pine Tree Road and Ellis Hollow Road was inspected and maintained.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

County stream buffer program continues and materials are available for municipalities and the public on the Tompkins County Planning Dept website. Two ponds were inspected and maintained.

C. How many times was this observation measured or evaluated in this reporting period?

02

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Tompkins County Highway plans to install a water quality chamber on Coddington Road during the next reporting cycle.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	● Yes	○ No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	○ Yes	● No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	○ Yes	● No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	● No	○ Yes	● No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

2. Provide the following information about municipal operations good housekeeping programs:

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	10
● Streets Swept (Number of miles X Number of times swept)	# Miles	80
● Catch Basins Inspected and Cleaned Where Necessary	#	120
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	02
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 01

4. What was the date of the last training? 01 / 17 / 2018

5. How many municipal employees have been trained in this reporting period? 07

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 70 %

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Tompkins County

SPDES ID: NYR20

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Coordinate Countywide programs for the public to participate in that will help to mitigate stormwater impacts on local water resources.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

10 acres of parking lot were swept, 80 miles of street were swept, and 120 catch basins were inspected/cleaned.

C. How many times was this observation measured or evaluated in this reporting period?

12

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Tompkins County Highway plans to install a water quality chamber on Coddington Road during this reporting period.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. Enter the number and approx. percent of outfalls mapped: 45 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops

● Other: Failing Septic Systems ● None

○ Sewersheds:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 04

5. **How many illicit discharges have been confirmed during this reporting period?** 04

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 03

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 25 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ● Yes ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

0 %

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Respond to complaints and reports of illicit discharge/illicit connection.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town did not receive any reports of illicit discharges in this reporting period. County Health Department responded to 4 homes in the Town of Caroline with failing septic systems, 3 septic systems have been replaced, inspected, and certified; the fourth has been replaced and is awaiting inspection.

C. How many times was this observation measured or evaluated in this reporting period?

04

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to respond to complaints and reports of illicit discharge/illicit connection.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 1

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ● Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ○ Yes ● No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

○ Notices of Violation	#	0	○ No Authority
● Stop Work Orders	#	1	○ No Authority
○ Criminal Actions	#	0	○ No Authority
○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? 01

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 0

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 0

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Clerk

Address: 2668 Slaterville Rd

City: Slaterville Spri State: NY Zip: 14881-

Phone: (607) 539-6400

○ Library

Address:

City: Zip:

Phone: ( ) -

○ Other

Address:

City: Zip:

Phone: ( ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

All sites inspected by Caroline's CEO. Tompkins County Soil and Water is asked to review SWPPPs and inspect construction sites as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of SWPPPs have been reviewed, all construction sites have been inspected.

C. How many times was this observation measured or evaluated in this reporting period?

01

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Caroline's CEO will continue to inspect active construction projects for compliance with SWPPP.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ● On behalf of an individual MS4
- ○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	01	1	
● Open Channels	01	01	
● Ponds	01	1	
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ● No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ● Building Codes
- ● Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ● Local Law or Ordinance
- ○ None
- ● Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

25 %

1610116332

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inventory new post construction stormwater control practices.
Develop operations and maintenance agreements for new projects.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Three post construction stormwater control practices were inventoried and no O&M agreements were developed.

C. How many times was this observation measured or evaluated in this reporting period?

3

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Inventory any new post construction control practices
Develop an ownership and maintenance agreement for any new post-construction control measures.

6894134836

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? 01

1. **Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	○ Yes	● No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6445134838

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

2. Provide the following information about municipal operations good housekeeping programs:

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	01
● Streets Swept (Number of miles X Number of times swept)	# Miles	22
○ Catch Basins Inspected and Cleaned Where Necessary	#	0
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	0
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 03

4. What was the date of the last training? 03 / 14 / 2017

5. How many municipal employees have been trained in this reporting period? 03

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 30 %

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Caroline

SPDES ID: NYR20A214

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Participate in county and regional opportunities, active membership in the Stormwater Coalition, Cayuga Lake Intermunicipal Organization, and the Water Resource Coalition. Hold one Caroline Clean Up Day yearly.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Caroline Clean up Day hosted at Town Highway Department; appliances, construction materials, furniture, and scrap metal were collected (45 tons of solid waste collected, 11.35 tons of scrap metal collected, and 60 TV's). One pharmaceutical collection event was held in 2017.

C. How many times was this observation measured or evaluated in this reporting period?

01

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Caroline Clean Up Day, roadside clean-up, and pharmaceutical collection events will be held in the reporting period.